

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>SCOTT BRUNNER</u> Sign: <u>[Signature]</u>	Street: <u>N7450 HWY E5 PO Box 344</u> City: <u>EAST TROY</u> Zip: <u>53120</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TROY</u> (Municipality Name)	<u>01/03/2012</u> (Month) (Day) (Year)	Email <u>BRICKL</u> Phone <u>(262)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>( )</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>( )</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>( )</u>

## Certification of Circulator

I, Steve NELSON, (certify): I reside at W 3065 Hwy E.S. Elkhorn WI. TOWN OF TROY  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) 53121 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

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Circulators,  
Please include your contact

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# SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Joan Goedland	<i>Joan M. Goedland</i>	Street: W4750 STATE ROAD 20 City: East Troy WI Zip: 53120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TROY	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (262) 600-XXXX
2. Sandra J Murkin	<i>Sandra J. Murkin</i>	Street: 650 Staeker Farm Ave City: Mukwonago, WI Zip: 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (414) XXXX-XXXX
3. Jessica Blane	<i>Jessica Blane</i>	Street: 168 Arrowhead Dr. Apt 5 City: Mukwonago WI Zip: 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (414) XXXX-XXXX
4. Alex Dominguez	<i>Alex Dominguez</i>	Street: W3105 7772 Arbor Dr. City: Mukwonago, WI Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	1/13/2011 (Month) (Day) (Year)	Email alexjd@comcast.net Phone (262) 400-XXXX
5. Susan George	<i>Susan George</i>	Street: N 7130 Co. Rd. M City: DURAND WI Zip: 54736	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Durand	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (715) XXXX-XXXX
6. Sharon Webb	<i>Sharon Webb</i>	Street: 5011 Bayfield Drive City: Waterford, WI Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (414) XXXX-XXXX
7. HOLLI JENSEN	<i>Holli Jensen</i>	Street: 1214 Riverton Dr City: Mukwonago WI Zip: 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (262) XXXX-XXXX
8. Kathleen J Arch	<i>Kathleen J. Arch</i>	Street: 720 Bryant St City: Mukwonago WI Zip: 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (414) XXXX-XXXX
9. Joel Nowack	<i>Joel Nowack</i>	Street: W243 S7400 REGENCY CT City: WAUKESHA Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	1/13/2012 (Month) (Day) (Year)	Email _____ Phone (262) XXXX-XXXX
10. PAUL O. NOWACK	<i>Paul O. Nowack</i>	Street: W243 S7400 REGENCY COURT City: WAUKESHA Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERNON	1/13/2012 (Month) (Day) (Year)	Email nowackp@comcast.net Phone (262) XXXX-XXXX

## Certification of Circulator

I, Thomas Annis, (certify): I reside at 11193 Baulah Lane Rd. East Troy  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Thomas Annis  
(Signature of Circulator)

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Circulators, please

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# SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Patti Fergelke	<i>Patti Fergelke</i>	Street: 128615 Beronja Rd. City: East Troy WI Zip: 53120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City East Troy	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
2. Cheryl Stenzel	<i>Cheryl Stenzel</i>	Street: n67w22208 Willow Springs Dr F34 City: Sussex WI Zip: 53089	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUSSEX	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
3. JONES, CROOK Janet Clark	<i>Janet Clark</i>	Street: 2150 S 81 ST City: WEST DALLIS WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST DALLIS	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
4. SEAMUS LEAHY	<i>Seamus Leahy</i>	Street: 3022 Main City: E. TROY WI Zip: 53120	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City E. TROY	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
5. Michelle Lewis	<i>Michelle Lewis</i>	Street: 2055 Beulah Ave. City: East Troy, WI Zip: 53120	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City East Troy	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
6. Valerie Jaskiewicz	<i>Valerie Jaskiewicz</i>	Street: St. Peters City: East Troy, WI Zip: 53120	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City East Troy	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
7. Suzanne Fitzgerald	<i>Suzanne Fitzgerald</i>	Street: 3037 Main St. Lower City: East Troy, WI Zip: 53120	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City East Troy	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
8. BRADLEY DORN	<i>Bradley Dorn</i>	Street: W1515 CNTY RD D City: BURLINGTON WI Zip: 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SPRING PRAIRIE	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
9. Margaret DORN	<i>Margaret Dorn</i>	Street: W1515 CO RD City: Burlington, WI Zip: 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spring Prairie	1/13/2012 (Month) (Day) (Year)	Email Phone ( )
10. CRAIG LAKATOS	<i>Craig Lakatos</i>	Street: 410 LITNORS DR. City: MUKWINGO WI Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MUKWINGO	1/13/2012 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Thomas Annis, (certify): I reside at 11193 Beulah Lane Rd East Troy  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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1. William Meyer	<i>William Meyer</i>	Street: 2111 S. 105th. ST. City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis Wisconsin	1/9/2012 (Month) (Day) (Year)
2. Erik Zlevor	<i>Erik Zlevor</i>	Street: 3600 S. Rivershire Dr #3 City: Greenfield WI Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/9/2012 (Month) (Day) (Year)
3. TODD R. GORDON	<i>Todd R. Gordon</i>	Street: 2219 STONECROFT DR City: GRAFTON, WI Zip: 53024	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRAFTON	1/9/2012 (Month) (Day) (Year)
4. FRANCES MATSZAK	<i>Frances Matczak</i>	Street: W155 S 7656 RAIN TREE CT City: MUSKEGO, WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MUSKEGO	1/9/2012 (Month) (Day) (Year)
5. Jesse Spanaus	<i>Jesse Spanaus</i>	Street: 9420 W. Rogers St. City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/9/2012 (Month) (Day) (Year)
6. KATHLEEN KASS	<i>Kathleen Kass</i>	Street: 10315 W Dreyer PL City: Greenfield WI Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/9/2012 (Month) (Day) (Year)
7. MICHELLA JACOBSON	<i>Michelle Jacobson</i>	Street: 3770 S. 84 St #2 City: MILWAUKEE, WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/9/2012 (Month) (Day) (Year)
8. Jeff Roberts	<i>Jeff Roberts</i>	Street: N 7176 Colbo Rd City: Burlington Zip: 53105	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Burlington	1/9/2012 (Month) (Day) (Year)
9. JANICE SPONZER	<i>Janice Sponzer</i>	Street: 9635 W GRANT ST City: WEST ALLIS WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/9/2012 (Month) (Day) (Year)
10. Theresa Lutzen	<i>Theresa Lutzen</i>	Street: 5609 W. Morgan Ave Apt K City: Milwaukee WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)

## Certification of Circulator

I, Thomas Annis, (certify): I reside at W 1193 Beulah Lane Rd East Troy  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Thomas Annis*  
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1. Dan A Lueneburg		Street: 3311 W Hwy G City: Caledonia 53108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond.	1/11/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Cheryl J. Lueneburg, (certify): I reside at 3311 W. HWY G Caledonia 53108  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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1. KATHERINE POLITOWSKI	<i>Katherine Politowski</i>	Street: 7780 W. Grange Ave #308 City: Greendale Zip: 53129	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Greendale	12/24/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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## Certification of Circulator

I, Laura Amundson, (certify): I reside at 6920 W Bonniwell Rd MEQUON WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 24 / 2011  
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*Laura Amundson*  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone ( )
Email

# SCOTT WALKER RECALL PETITION

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1. Jason C Leitner	<i>Jason C Leitner</i>	Street: 2908 S. 67 St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/27/2011 (Month) (Day) (Year)
2. Heather Leitner	<i>Heather Leitner</i>	Street: 2908 S. 67 St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/27/2011 (Month) (Day) (Year)
3. Herman Doernbach	<i>Herman Doernbach</i>	Street: Milwaukee 53227 City: 3144 S. 98 Zip: MILWAU	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/27/2011 (Month) (Day) (Year)
4. Carol Doernbach	<i>Carol Doernbach</i>	Street: 3144 S. 98th Mil City: Milwaukee Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/27/2011 (Month) (Day) (Year)
5. Matthew Zaharias	<i>Matthew Zaharias</i>	Street: 1772 Juniper Circle City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town South <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City Milwaukee	12/28/2011 (Month) (Day) (Year)
6. Carole J. Doernbach	<i>Carole J. Doernbach</i>	Street: 617 Sherman Ave City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town South <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City Milwaukee	12/27/2011 (Month) (Day) (Year)
7. EDMOND F. SKIBBA	<i>Edmond F. Skibba</i>	Street: 1230 Menard Ave. City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town South <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City Milwaukee	12/29/2011 (Month) (Day) (Year)
8. Thomas Rogatzki	<i>Thomas Rogatzki</i>	Street: 1740 Forest Hill Ave. City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town South <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City Milwaukee	12/29/2011 (Month) (Day) (Year)
9. JOHN SOCHA	<i>John Socha</i>	Street: 10355 S. Willow Creek Dr. City: OAK CREEK Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village OAK CREEK <input checked="" type="checkbox"/> City	12/29/2011 (Month) (Day) (Year)
10. Wayne T Wagner	<i>Wayne T Wagner</i>	Street: 1624 Menistiguan Ave 53172 City: South Milwaukee Zip: ↓	<input type="checkbox"/> Town South <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City	12/29/2011 (Month) (Day) (Year)

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## Certification of Circulator

I, Jeffrey W. Brown, (certify): I reside at 742 Saint Sylvester Drive South Milwaukee  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 27 / 2011  
(Month) (Day) (Year)

*Jeffrey W. Brown*  
(Signature of Circulator)

Page No. (Official Use Only)

070307

Circulators, please

Phone (414) 7  
Email jbrown

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee to  
PO Box 2565  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Mary Negrete</u> Sign: <u>Mary Negrete</u>	Street: <u>1033 S. 74<sup>th</sup> St</u> City: <u>Milw. WI</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Nicole Saavedra</u> Sign: <u>Nicole Saavedra</u>	Street: <u>1021 S. 74<sup>th</sup> St.</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Fulvio Pares</u> Sign: <u>Fulvio Pares</u>	Street: <u>1009 S 74<sup>th</sup> St</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>Vanessa Aaron</u> Sign: <u>Vanessa Aaron</u>	Street: <u>905 S. 73</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Jonathan Garcia</u> Sign: <u>Jonathan Garcia</u>	Street: <u>905 S. 73</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email  Phone ( )

## Certification of Circulator

I, LEAH M. VOLLMER (certify): I reside at 1215 S 74<sup>th</sup> St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

CITY OF WEST ALLIS  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 5 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators,  
Please include your con

Phone  
(414)  
Email  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>LEAH M. VOLLMER</u> Sign: <u>[Signature]</u>	Street: <u>1215 S 74TH ST</u> City: <u>WEST ALLIS</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone (414) <u>[Signature]</u>
2. Print: <u>JENNIFER YANACHICK</u> Sign: <u>[Signature]</u>	Street: <u>1216 STH 72ND ST</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone (414) <u>[Signature]</u>
3. Print: <u>KEVIN S WRIGHT</u> Sign: <u>[Signature]</u>	Street: <u>1215 S 74TH ST</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email <u>Kevin S Wright</u> Phone (520) <u>[Signature]</u>
4. Print: <u>Mary Vollmer</u> Sign: <u>[Signature]</u>	Street: <u>1215 S 74TH ST</u> City: <u>West Allis, WI</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone ( ) ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/1/20</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone ( ) ( )

## Certification of Circulator

I, LEAH VOLLMER, (certify): I reside at 1215 S 74TH ST  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

CITY OF WEST ALLIS  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012 [Signature]  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#000309

Circulators,  
Please include your con

Phone

( ) ( )

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Juan R Nieves</u> Sign: <u>[Signature]</u>	Street: <u>905 S. 73rd St</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email: _____ Phone: ( ) ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: ( ) ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: ( ) ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: ( ) ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: ( ) ( )

## Certification of Circulator

I, LEAH VOLLMER, (certify): I reside at 1215 S 74th St CITY OF WEST ALLIS  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 5 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

000310

Circulators,  
Please include your contact information

Phone:  
( ) ( )  
Email:  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Joyce Kastern	Joyce Kastern	Street: 820 Andover Dr. City: Eagle WI Zip: 53119	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Eagle <input type="checkbox"/> City	12/28/2011 (Month) (Day) (Year)	Email: Mijo Phone: (262) 5
2. Michael Kastern	Michael Kastern	Street: 820 Andover Dr. City: Eagle, WI Zip: 53119	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Eagle <input type="checkbox"/> City	12/28/2011 (Month) (Day) (Year)	Email: Mijo Phone: (262) 5
3. Sarah Freson	Sarah Freson	Street: W31958949 Excelsior Ln City: Mukwonago Zip: 53149	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mukwonago <input type="checkbox"/> City	12/28/2011 (Month) (Day) (Year)	Email: Sarah Phone: (262) 3
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

## Certification of Circulator

I, Carol Knoernschild, (certify): I reside at N8566 Booth Lake Hts., East Troy  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 8 / 2012  
(Month) (Day) (Year)

Carol A. Knoernschild  
(Signature of Circulator)

Page No. (Official Use Only)  
030311

Circulators, please  
Phone: (2)  
Email: carol

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Faye Tess	<i>Faye Tess</i>	Street: Box 205 City: Big Bend Zip: 53103	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Big Bend <input type="checkbox"/> City	1/12/2012 (Month) (Day) (Year)	Email Phone (262) 1
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Carol Knoernschild, (certify): I reside at N8566 Booth Lake Hs. East Troy  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 120 12  
(Month) (Day) (Year)

*Carol A. Knoernschild*  
(Signature of Circulator)

Page No. (Official Use Only)  
000312

Circulators, please  
Phone (2  
Email  
Carol

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Maria Gonzalez Edwards	[Signature]	Street: 3409 N. 53rd St. City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	01/13/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, DAVID KNOERNSCILD, (certify): I reside at N8566 BOOTH LAKE HOS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

David Knoernschild  
(Signature of Circulator)

Page No. (Official Use Only)

000313

Return  
Complete  
Post Office  
Mail

Circulators, please

Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Keith W. Bowe	<i>Keith Bowe</i>	Street: 1581 S. 82nd St City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/13/2012 (Month) (Day) (Year)
2. Heather C Thompson	<i>Heather C Thompson</i>	Street: 2016 E. Newberry Blvd City: Milwaukee Zip: 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, DAVID KNOERNSCHILD, (certify): I reside at 18566 BOONLAKE HTS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

*David Knoernschild*  
(Signature of Circulator)

Page No. (Official Use Only)

#000314

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Circulators, please

Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January  
Committee to Recall  
PO Box 2569  
Madison, WI 53708

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Lashonte Moore</u> Sign: <u>Lashonte Moore</u>	Street: <u>8746 W. Carmen</u> City: <u>Milwaukee</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email  Phone <u>(414) 3</u>
2. Print: <u>Margaret Walker</u> Sign: <u>Margaret Walker</u>	Street: <u>5201 N 45 St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email  Phone <u>(414) 3</u>
3. Print: <u>Loretta Luna</u> Sign: <u>Loretta Luna</u>	Street: <u>4635 S. 23 St. #4</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2011</u> (Month) (Day) (Year)	Email <u>\$</u> Phone <u>(414) 7</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>

## Certification of Circulator

I, Marilena, (certify): I reside at 4635 S. 23 St. #5 Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

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Circulators,  
Please include your contact

Phone

(414) 5

Email

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# SCOTT WALKER RECALL PETITION

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J

Committee to  
PO Box 2569  
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Evelyn Radomski EVELY RADOMSKI	Street: 1704 Marquette Ave City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee (Municipality Name)	1/19/2012 (Month) (Day) (Year)	Email Phone (414)
2. Catherine Staskal CATHERINE STASKAL	Street: 1326 E Oak Lane City: Oak Creek Zip: 53157	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek (Municipality Name)	1/9/2012 (Month) (Day) (Year)	Email Phone (414)
3. <del>_____</del>	<del>Street: _____ City: _____ Zip: _____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)</del>	<del>_____/_____/20____ (Month) (Day) (Year)</del>	<del>Email Phone ( )</del>
4. <del>_____</del>	<del>Street: _____ City: _____ Zip: _____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)</del>	<del>_____/_____/20____ (Month) (Day) (Year)</del>	<del>Email Phone ( )</del>
5. <del>_____</del>	<del>Street: _____ City: _____ Zip: _____</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)</del>	<del>_____/_____/20____ (Month) (Day) (Year)</del>	<del>Email Phone ( )</del>

**Certification of Circulator**  
 LORRAINE E. LAST (certify): I reside at 9266 So. CHICAGO ROAD OAK CREEK  
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN 11 2012  
 (Month) (Day) (Year)  
 Lorraine E. Last  
 (Signature of Circulator)

Page 1 of 1 (Official Use Only)  
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Circulators.  
Please include your con

Phone  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. RICHARD MARA	<i>Richard Mara</i>	Street: 173 N 121 ST City: 705A WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/10/2012 (Month) (Day) (Year)
2. Elizabeth Thierfelder	<i>Elizabeth Thierfelder</i>	Street: 2100 Oaklawn Ave City: Waukegan Zip: 53188	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUKESHA	1/10/2012 (Month) (Day) (Year)
3. Traci Hegland	<i>Hegland</i>	Street: 16916 Northwood Dr City: Elkhorn WI Zip: 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Creek	1/10/2012 (Month) (Day) (Year)
4. Kathleen Fitzgerald	<i>Kathleen Fitzgerald</i>	Street: 2849 Oakmont Dr City: East Troy Zip: 53120	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City East Troy	1/10/2012 (Month) (Day) (Year)
5. Debra Schlegel	<i>Debra Schlegel</i>	Street: 2057 Bellevue Ave City: East Troy Zip: 53120	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City East Troy	1/10/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

## Certification of Circulator

I, DAVID KNOERNSCHILD, (certify): I reside at 18566 BOOTH LAKE HTS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

David Knoernschild  
(Signature of Circulator)

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Phone	(414) 37
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Phone	(414) 8
Email	
Phone	( )
Email	
Phone	( )

I, DAVID KNOERNSCHILD, (certify): I reside at N8566 BOOTH LAKE RD EAST TROY  
(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

**Circulators, please**

Phone	26
Email	

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# SCOTT WALKER RECALL PETITION

Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Katherine Rybar	<i>Katherine Rybar</i>	Street: 161 N 73rd Street City: Milwaukee Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/27/2011 (Month) (Day) (Year)	Email: Katarina Phone: ( )
2. Richard P. K. L. S. Ki	<i>Richard P. K. L. S. Ki</i>	Street: 5027 S 35th St City: GREENFIELD Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD	12/27/2011 (Month) (Day) (Year)	Email: Phone: 714 83
3. Marcia Dewey	<i>Marcia Dewey</i>	Street: 4525 S. Cumby City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	12/29/2011 (Month) (Day) (Year)	Email: Dewey m Phone: (920) 2
4. Chris Mecha	<i>Chris Mecha</i>	Street: W235 S5260 scenic dr. City: Big Bend Zip: 53103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Big Bend	12/29/2011 (Month) (Day) (Year)	Email: Phone: (262) 6
5. Shirley G. DAWIEC	<i>Shirley G. DAWIEC</i>	Street: 12975 W HAWTHORNE LN City: NEW BERLIN WI Zip: 53157	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW BERLIN	12/29/2011 (Month) (Day) (Year)	Email: Phone: (414) 4
6. Jackie Brozynski	<i>Jackie Brozynski</i>	Street: W191 S6760 BLUEBIRD DR City: MUSKEGO WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MUSKEGO	12/29/2011 (Month) (Day) (Year)	Email: Phone: 262 9
7. JANICE MCNEELY	<i>Janice McNeely</i>	Street: 1914 S 70 ST City: WEST ALLIS Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/4/2012 (Month) (Day) (Year)	Email: Phone: 414 -
8. Anita Ladenthin	<i>Anita Ladenthin</i>	Street: 3533 W. Lakefield Dr. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/4/2012 (Month) (Day) (Year)	Email: a/lade Phone: (414) 6
9. Evelis Negrón	<i>Evelis Negrón</i>	Street: 720 E Clark St City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/4/2012 (Month) (Day) (Year)	Email: Phone: 414 3
10. GERALD BANSENER	<i>Gerald Bansemer</i>	Street: 716 S. 89th City: WEST ALLIS Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/4/2012 (Month) (Day) (Year)	Email: Phone: (414) 4

## Certification of Circulator

I, DAVID KNOERNSCHILD, (certify): I reside at N 8566 BOOTH LAKE HTS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 04 / 12  
(Month) (Day) (Year)

David Knoernschild  
(Signature of Circulator)

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(Official Use Only)

Circulators, please  
Phone: (262)  
Email:

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. D. Karen Bula	<i>[Signature]</i>	Street: 2212 N. 72nd St. City: Wauwatosa, WI Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 7
2. Melisa Smith	<i>[Signature]</i>	Street: 8200 W. O'Connor St City: Milwaukee, WI Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 6
3. Barbara Evans	<i>[Signature]</i>	Street: 2131 S. 95th St City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 30
4. Randi Randall	<i>[Signature]</i>	Street: 3350 24th St City: Milwaukee WI Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 20
5. Timothy Washington	<i>[Signature]</i>	Street: 225 N. 39th St City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 7
6. Darlene Blatter	<i>[Signature]</i>	Street: 2745 N Sherman City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 9
7. Christopher Gordon	<i>[Signature]</i>	Street: 3247 S. 99th St City: Milwaukee Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 8
8. Sherril Friedrich	<i>[Signature]</i>	Street: 1600 S Berlin Ave City: New Berlin WI Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	1/13/2012 (Month) (Day) (Year)	Email Phone (26)
9. Joseph Roberts	<i>[Signature]</i>	Street: 3339 E Kender Lane City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 9
10. Gerald Schumacher	<i>[Signature]</i>	Street: 3332 N. MAYFAIR Rd City: WAUWATOSA Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/13/2012 (Month) (Day) (Year)	Email Phone (414) 6

## Certification of Circulator

I, DAVID KNOERNSCHILD  
(Name of Circulator)

(certify): I reside at 18566 BOOTH LAKE HTS  
(Circulator's Residence - Street name and Number)

EAST TROY  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

David Knornschild  
(Signature of Circulator)

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Circulators, please  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JAMES C. DEAN, JR.	<i>James C Dean, Jr.</i>	Street: 4160 N. 104 St. Apt #205 City: MILWAUKEE Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/4/2012 (Month) (Day) (Year)
2. JAMES G. GREITEN	<i>James D. Greiten</i>	Street: 3214 SOUTH 99 ST. City: MILWAUKEE WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/4/2012 (Month) (Day) (Year)
3. Chris Crampton	<i>CL</i>	Street: 3933 S. Wellmar Ln #208 City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/4/2012 (Month) (Day) (Year)
4. Kayla Lemanski	<i>Kayla Lemanski</i>	Street: 3236 S. 121 St City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/9/2012 (Month) (Day) (Year)
5. MARIAM MATRES	<i>Mariam Matras</i>	Street: 2091 S. 102nd St. Unit B City: WEST ALLIS Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/9/2012 (Month) (Day) (Year)
6. Dan Krupp	<i>Dan Krupp</i>	Street: 1228 S. 110th St. City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/9/2012 (Month) (Day) (Year)
7. ROBERT J. DAVIS	<i>Robert Davis</i>	Street: 2481 S. 109 St. City: WEST ALLIS Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	01/09/2012 (Month) (Day) (Year)
8. Charlotte Schroeder	<i>Charlotte Schroeder</i>	Street: 10221-187 Ave City: BRISTOL WI Zip: 53104	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	1/9/2012 (Month) (Day) (Year)
9. JARED S. FLANNICK	<i>Jared Flannick</i>	Street: 3601 A S 91st St City: Milwaukee Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)
10. Jeanne Tabaka	<i>Jeanne M. Tabaka</i>	Street: 9464 W. Plainfield City: Greenfield Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/9/2012 (Month) (Day) (Year)

## Certification of Circulator

I, DAVID KNOERNSCHILD, (certify): I reside at N 8566 BOOTH LAKE HTS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*David Knoernschild*  
(Signature of Circulator)

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CONTACT

Email	JDFoo
Phone	(262) 21
Email	Jim - 9
Phone	(414) 3
Email	Crampton - C
Phone	(414) 30
Email	Kayla L
Phone	(414) 03
Email	
Phone	(414) 32
Email	
Phone	(414) 7
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Phone	(262) 9
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Phone	(414) 4
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Phone	(414) 5

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**Circulators**, please return to:

Phone	212-260-8000
Email	circulators@nypl.org

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Yadiria Lopez	<i>Yadiria Lopez</i>	Street: 2505 S. 11th St. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/4/2012 (Month) (Day) (Year)	Email: YadiriaLopez Phone: (414) 661-1146
2. PATRICK GRONCKI	<i>Patrick Groncki</i>	Street: 7865 S. 66th St. City: FRANKLIN WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN WI	1/4/2012 (Month) (Day) (Year)	Email: none Phone: (414) 411-4114
3. JANICE M WENZEL	<i>Janice M Wenzel</i>	Street: 7413 W Tripoli Ave City: Milwaukee, WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/4/2012 (Month) (Day) (Year)	Email: none Phone: (262) 291-2912
4. Kristal Melbye	<i>Kristal Melbye</i>	Street: 7224 N. Crossway Rd City: Fox Point Zip: 53217	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fox Point	1/6/2012 (Month) (Day) (Year)	Email: KristalMelbye Phone: (414) 331-3313
5. Brianna Brown	<i>Brianna Brown</i>	Street: 3133 S. Wilmur Rd City: West Allis Zip: 53227	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City West Allis	1/4/2012 (Month) (Day) (Year)	Email: BriannaBrown Phone: (414) 331-3313
6. SANG S. LIM	<i>SANG S. LIM</i>	Street: 5625 BALBOA DR City: NEW BURLIN Zip: 53151	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NEW BURLIN	1/9/2012 (Month) (Day) (Year)	Email: (414) Phone: ( )
7. PATRICIA A. HEPP	<i>Patricia A. Hepp</i>	Street: 2091 S. 102nd St. Unit B City: WEST ALLIS WI Zip: 53227-1383	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/9/2012 (Month) (Day) (Year)	Email: none Phone: (414) 331-3313
8. Jason Bean	<i>Jason Bean</i>	Street: 401 E Green Tree Rd City: Fox Point WI Zip: 53217	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fox Point	1/9/2012 (Month) (Day) (Year)	Email: HeyBean Phone: (414) 211-2112
9. Kenneth Pace	<i>Kent Pace III</i>	Street: 10906 W Hayes City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/9/2012 (Month) (Day) (Year)	Email: PaceKen Phone: (414) 501-5015
10. Tim L Kirchner	<i>Tim Kirchner</i>	Street: 566 W 150th Woodlawn City: MUSKEGON WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskegon	1/9/2012 (Month) (Day) (Year)	Email: (414) 411-4114

## Certification of Circulator

I, DAVID KNOERNSCHILD, (certify): I reside at N8566 BOOTH LAKE HTS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 1 09 12012  
(Month) (Day) (Year)

*David Knoernschild*  
(Signature of Circulator)

080323  
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(Official Use Only)

Circulators, please in

Phone  
(262)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Miroslav Rybar	<i>Miroslav Rybar</i>	Street: 161 N. 73rd Street City: Milwaukee WI Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/27/2011 (Month) (Day) (Year)	Email: <i>fiavogu</i> Phone: (414) 414
2. Charlotte Cwiklinski	<i>Charlotte Cwiklinski</i>	Street: 5027 S. 35th St. City: Greenfield, WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	12/27/2011 (Month) (Day) (Year)	Email: Phone: (414) 288
3. FRANK J. GDANIEC	<i>Frank J. Gdaniec</i>	Street: 12975 W. HAWTHORNE LN City: NEW BERLIN Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW BERLIN	12/29/2011 (Month) (Day) (Year)	Email: Phone: (414) 462
4. Mary Shearer	<i>Mary Shearer</i>	Street: 10315 W Greenfield City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	01/01/2012 (Month) (Day) (Year)	Email: Phone: (414) 211
5. Ellen Stima	<i>Ellen Stima</i>	Street: 1760 S.O. 116 St 5 City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/4/2012 (Month) (Day) (Year)	Email: Phone: (414) 211
6. Rebecca Malko	<i>Rebecca Malko</i>	Street: 28240 N Lake Dr City: Waterford Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	1/4/2012 (Month) (Day) (Year)	Email: Phone: (262) 666
7. Matt Z. Zoltak	<i>Matt Z. Zoltak</i>	Street: 3000 Root River Pkwy City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/4/2012 (Month) (Day) (Year)	Email: Phone: ( )
8. DARREN K. BALL	<i>Darren K. Ball</i>	Street: 8536 WATERTOWN PLANK City: WAUWATOSA Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/4/2012 (Month) (Day) (Year)	Email: <i>DARREN K. BALL</i> Phone: ( )
9. Mary E. Murr	<i>Mary E. Murr</i>	Street: W2403 Valley Rd. City: East Troy, WI Zip: 53120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EAST TROY	1/4/2012 (Month) (Day) (Year)	Email: <i>Speedgen</i> Phone: ( )
10. Linda L Andrews	<i>Linda L Andrews</i>	Street: 134 West North St #101 City: Waukegan Zip: 53188	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUKEGAN	1/4/2012 (Month) (Day) (Year)	Email: <i>Linda 0319</i> Phone: ( )

## Certification of Circulator

I, DAVID KNOERN SCHILD, (certify): I reside at N8566 BOOTH LAKE HTS EAST TROY  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 04 / 12012  
(Month) (Day) (Year)

David Knoernschild  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000324

Circulators, please inc

Phone: (262)  
Email:



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return  
Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <i>John Mackay</i>	<i>John Mackay</i>	Street: <i>1450 S. W. #17</i> City: <i>Milwaukee</i> Zip: <i>53214</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(414) 933</i>
2. <i>Mark Hanson</i>	<i>Mark Hanson</i>	Street: <i>2102 S. 66th St</i> City: <i>West Allis</i> Zip: <i>53219</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>West Allis</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(414) 3</i>
3. <i>Zach Seefeld</i>	<i>Zachary Seefeld</i>	Street: <i>3004 S. 132nd St</i> City: <i>New Berlin</i> Zip: <i>53151</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>New Berlin</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(262) 5</i>
4. <i>Harrah Hengst-Pkalek</i>	<i>Harrah Hengst-Pkalek</i>	Street: <i>4586 S. 20th St.</i> City: <i>Milwaukee</i> Zip: <i>53221</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(414) 23</i>
5. <i>JAMES LUKANAB</i>	<i>JAMES LUKANAB</i>	Street: <i>W. 111 N. 1643 HAWKWOOD</i> City: <i>GERMANTOWN</i> Zip: <i>53122</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>GERMANTOWN</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>( )</i>
6. <i>Julayne Becker</i>	<i>Julayne Becker</i>	Street: <i>2417 So Sunnyslope Rd</i> City: <i>New Berlin WI</i> Zip: <i>53151</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>New Berlin</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>262) 73</i>
7. <i>Karen D. Hayek</i>	<i>Karen D. Hayek</i>	Street: <i>1357 So. 114 Street</i> City: <i>West Allis</i> Zip: <i>53214</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>West Allis</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(414) 23</i>
8. <i>Erika JAMES</i>	<i>Erika James</i>	Street: <i>2120 S. 70th</i> City: <i>West Allis</i> Zip: <i>53219</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>West Allis</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>James. er</i>
9. <i>Malcolm Hotli</i>	<i>Malcolm Hotli</i>	Street: <i>7762 N. Chadwick Rd</i> City: <i>Glendale WI</i> Zip: <i>53217</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Glendale</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(414) 77</i>
10. <i>Sheryl Ross</i>	<i>Sheryl Ross</i>	Street: <i>6529 W. Wells St</i> City: <i>Wauwatosa</i> Zip: <i>53213</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wauwatosa</i>	<i>12/27/2011</i> (Month) (Day) (Year)	Email Phone <i>(414) 5</i>

## Certification of Circulator

I, DAVID KNOERNSCHILD, (certify): I reside at N8566 BOOTH LAKE HTS East Troy  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 127 12011  
(Month) (Day) (Year)

David Knoernschild  
(Signature of Circulator)

Page No. (Official Use Only)  
000325

Circulators, please include  
Phone (262)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Cynthia Starich	<i>Cindy Starich</i>	Street: 19295 Timberline drive City: Brookfield, WI Zip: 53045	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	11/24/2011 (Month) (Day) (Year)
2. Melissa Frantik	<i>Melissa Frantik</i>	Street: 1342 Chesterwood Lane City: Pewaukee, WI Zip: 53072	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pewaukee	11/24/2011 (Month) (Day) (Year)
3. Linda Stone Linda Stone	<i>Linda Stone</i>	Street: 12117 W. Bluemound Rd City: Wauwatosa, WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/24/2011 (Month) (Day) (Year)
4. Anna Stone	<i>Anna Stone</i>	Street: 341 W. 120th St. City: Wauwatosa, WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/24/2011 (Month) (Day) (Year)
5. Cindy Stone	<i>Cindy Stone</i>	Street: 2705 S. 48th St. City: Milwaukee, WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/24/2011 (Month) (Day) (Year)
6. Chuck Aprahamian	<i>Chuck Aprahamian</i>	Street: 3320 Mountain Dr. City: Brookfield, WI Zip: 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	11/24/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT INFORMATION
Email: CStarich@
Phone: (262) 7
Email: mchickl
Phone: (262) 4
Email:
Phone: (414) 2
Email:
Phone: 414 3
Email: Cindy
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Phone: ( )

## Certification of Circulator

I, Christine M. Stone, (certify): I reside at 3320 Mountain Drive, Brookfield, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 15 / 2011  
(Month) (Day) (Year)

*Christine M. Stone*  
(Signature of Circulator)

Page No. (Official Use Only)  
**000326**

Circulators, please  
Phone: 4  
Email:

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lisa K. Hermanson	<i>Lisa K. Hermanson</i>	Street: 663 N. 75 <sup>th</sup> St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/3/2012 (Month) (Day) (Year)
2. HOETELS AN WILLIAM HOETELS	<i>W. Hoetels</i>	Street: 2559 N. 65 <sup>th</sup> St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/6/2012 (Month) (Day) (Year)
3. PAULA E. JONES	<i>Paula E. Jones</i>	Street: 832 N. 70 <sup>th</sup> Street City: Wauwatosa, WI Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/6/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, ANN L. JENTZ, (certify): I reside at 1728 Martha Lehigh Dr. Wauwatosa  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)  
*Ann L. Jentz*  
(Signature of Circulator)

Page No. 327 (Use Only)  
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Circulators, please

Phone  
Email  
JOAN

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Evelyn Brewer Print: Evelyn Brewer Sign: Evelyn Brewer	Street: 12895 W. Grange Ave. City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: ebrewer Phone: (414) 7
2. Barbara Lynch Print: Barbara Lynch Sign: Barbara Lynch	Street: 12895 W. GRANGE AVE. City: NEW BERLIN Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW BERLIN (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ( )
3. Craig Brewer Print: Craig Brewer Sign: Craig Brewer	Street: 12895 W. Grange Ave City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: (414) 6
4. Barbara Laska Print: Barbara Laska Sign: Barbara Laska	Street: 2031 S. 76th Street City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: barbaral Phone: (414) 3
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email: Phone: ( )

I, Evelyn Brewer (certify): I reside at 12895 W. Grange Ave New Berlin  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12,13(3)(a), Wis. Stats.

Jan 13 2012 Evelyn Brewer  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
#

000328

Circulators,  
Please include your contact

Phone: 414 7  
Email: ebrewer

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Eva Robar-Orlich	<i>Eva Robar-Orlich</i>	Street: 2938 S. 15th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
2. Melissa Fisher	<i>Melissa Fisher</i>	Street: 1821 Manitowoc Ave City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
3. Sarah Fisher	<i>Sarah Fisher</i>	Street: 1730 Marquette Ave City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)	Email Phone ( )
4. David Orlich	<i>David Orlich</i>	Street: 1604 Clark St City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/7/2011 (Month) (Day) (Year)	Email Phone ( )
5. Susan Orlich	<i>Susan Orlich</i>	Street: 1604 Clark St City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/7/2011 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Elizabeth A. Orlich, (certify): I reside at 13709 W. Prospect Drive New Berlin, WI 53151  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012  
(Month) (Day) (Year)

Elizabeth A. Orlich  
(Signature of Circulator)

Passable only (One Only)  
# 000329

Circulators, please

Phone ( )  
Email L17

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R  
PO Box 2569  
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Cornelius J. Blau</u> Print: <u>Cornelius J. Blau</u> Sign: <u>Cornelius J. Blau</u>	Street: <u>3668 W 26th St</u> City: <u>Milwaukee</u> WI Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. <u>Relanda S. Davis</u> Print: <u>Relanda S. Davis</u> Sign: <u>Relanda S. Davis</u>	Street: <u>3014 N 27th St</u> City: <u>Milwaukee</u> WI Zip: <u>53210</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. <u>Willie Nelson</u> Print: <u>Willie Nelson</u> Sign: <u>Willie Nelson</u>	Street: <u>3013 N 27th St</u> City: <u>2454 W. Garfield</u> WI Zip: <u>Milwaukee</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. <u>Quente Nelson</u> Print: <u>Quente Nelson</u> Sign: <u>Quente Nelson</u>	Street: <u>3013 N 27th Street</u> City: <u>Milwaukee</u> WI Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. <u>Alberto Howard</u> Print: <u>Alberto Howard</u> Sign: <u>Alberto Howard</u>	Street: <u>2717 W Chambers</u> City: <u>Milwaukee</u> WI Zip: <u>53210</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, NADA McGUIRE (certify): I reside at 4226 S. 4th St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Nada McGuire  
(Signature of Circulator)

Page No. (Official Use Only)

# 73330

Circulators,

Please include your contact information

Phone

(44) 2

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Drew Hufsey		Street: 12136 W. Holt Ave City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11/15/2011 (Month) (Day) (Year)
2. Justin Gaworski		Street: 1317 S. 76th St City: West Allis Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11/15/2011 (Month) (Day) (Year)
3. Bianca Cady	Bianca Cady	Street: 1533 S. 92nd St City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11/17/2011 (Month) (Day) (Year)
4. NIKKI BRAND	Nikki Brand	Street: 3522 S 85th St City: Milwaukee Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
5. Cathy Arrowood	Cathy Arrowood	Street: 10350 W. Bungalow Pl City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/7/2011 (Month) (Day) (Year)
6. Nicholas Aiello	Nicholas Aiello	Street: 2672 N. 75th St. Apt. #2 City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	12/7/2011 (Month) (Day) (Year)
7. Eileen Alt	Eileen Alt	Street: 2016 S. 106 ST City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/7/2011 (Month) (Day) (Year)
8. Wendimammuel	Wendi Mammuel	Street: 5705 W. Burnham St. #10 City: West Allis, WI Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/13/2011 (Month) (Day) (Year)
9. Nicolas Flores		Street: 106 S. South 124th Street City: Brookfield Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/09/2011 (Month) (Day) (Year)
10. Nicolas Plazil	Nicolas Plazil	Street: 5301 West Nebraska Ave City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Nathanial A Northway

(Name of Circulator)

(certify): I reside at 1533 S 92nd St

(Circulator's Residence - Street name and Number)

West Allis

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 07 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Donald G Tabaska</u> Sign: <u>[Signature]</u>	Street: <u>8105 W Lorraine Pl</u> City: <u>Milwaukee</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Avery Jenkins</u> Sign: <u>[Signature]</u>	Street: <u>3463 N. 78th</u> City: <u>MILWAUKEE</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>DENIS HAUG</u> Sign: <u>[Signature]</u>	Street: <u>2247 N 59th</u> City: <u>MILWAUKEE</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>John Falk</u> Sign: <u>[Signature]</u>	Street: <u>2656 W. 63rd St</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Mark Reynolds</u> Sign: <u>[Signature]</u>	Street: <u>3465 N. 93rd, #1</u> City: <u>MILWAUKEE</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email  Phone ( )

## Certification of Circulator

I, RICHARD D. BARBIERI, (certify): I reside at 2414 N. 73rd STREET WAUWATOSA  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 13 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 10333

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

Circulators,  
Please include your contact

Phone

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Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by Jar**  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Diane Wirth</u> Sign: <u>Diane Wirth</u>	Street: <u>2828 N. 56 ST.</u> City: <u>Milwaukee</u> Zip: <u>53210</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )

I, RICHARD D. BARBISKI, (certify): I reside at 2414 N. 78th ST.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

WALWATOSA  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a), Wis. Stats.

11/13 12012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
000333

**Circulators,**  
Please include your contact

Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sadie Boss	<i>Sadie Boss</i>	Street: 1180 Legion Drive City: Elm Grove Zip: 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/17/2011 (Month) (Day) (Year)
2. Michael Polczynski	<i>Michael Polczynski</i>	Street: 1180 Legion Drive City: Elm Grove Zip: 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/17/2011 (Month) (Day) (Year)
3. Amy Kinosian	<i>Amy Kinosian</i>	Street: W369 S10516 Shearer Rd. City: Eagle Zip: 53119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/24/2011 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, ROBERT KINOSIAN, (certify): I reside at 1815 N. 72ND STREET WAUKATOSA 53213  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN. 1 10 12  
(Month) (Day) (Year)

*Robert H. Kinosian*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. PATRICIA OSTERMAN	<i>Patricia Osterman</i>	Street: <i>W156 N5496 BETTE DR</i> City: <i>MEN. FALLS</i> Zip: <i>53051</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MEN. FALLS</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone ( )
2. ETHEL ZUERCHER	<i>Ethel Zuercher</i>	Street: <i>W180 N7890 TOWN HALL RD</i> City: <i>MENOMONEE FALLS</i> Zip: <i>53051</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonee Falls</i>	<i>12/28/2011</i> (Month) (Day) (Year)	Email Phone ( )
3. Nicholas Widener	<i>Nick W</i>	Street: <i>6826 W Wisconsin Ave</i> City: <i>Wauwatosa</i> Zip: <i>53213</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wauwatosa</i>	<i>1/7/2012</i> (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)	Email Phone ( )
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## Certification of Circulator

I, Mara Henningsen, (certify): I reside at 6911 W. Wells St. Wauwatosa  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Mara Henningsen  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. ELLEN C. BURKMAN	Ellen C. Burkman	Street: 8518 W Lawrence Ave City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	1 / 11 / 2012 (Month) (Day) (Year)	Email Phone ( )
2. NANCY L. WOZNIAK	Nancy L. Wozniak	Street: 15125 Bittersweet Road City: BROOKFIELD Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	1 / 12 / 2012 (Month) (Day) (Year)	Email Phone ( )
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, William G. Holton, (certify): I reside at 9595 W Heather Dr Greenfield  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

William G. Holton  
(Signature of Circulator)

Page No. (Official Use Only)  
03336

Circulators, please  
Phone (414)  
Email W



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. ERIC ADSEN	<i>Eric Adsen</i>	Street: 3664 S. KANSAS AVE City: ST. FRANCIS Zip: 53235	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST. FRANCIS	1/10/2012 (Month) (Day) (Year)	Email Phone ( )
2. Luis Villarreal	<i>Luis Villarreal</i>	Street: 729 4 mile rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
3. Steven Pollock	<i>Steven Pollock</i>	Street: 3240 W. Acre Ave City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)	Email Phone ( )
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, William G. Holton, (certify): I reside at 9595 W Heather Dr. Greenfield  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 120 12  
(Month) (Day) (Year)

William G Holton  
(Signature of Circulator)

004337  
#  
Official Use Only

Circulators, please

Phone (41)  
Email W

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J  
Committee to  
PO Box 256  
Madison, W

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>RONALD E Kumm</u> Print: <u>Ronald E Kumm</u> Sign: <u>Ronald E Kumm</u>	Street: <u>1825-29 ST</u> City: <u>KENOSHA WI</u> Zip: <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA WI</u> (Municipality Name)	<u>MA</u> <u>1/8/12</u> <u>9/8/2012</u> (Month) (Day) (Year)	Email: <u>RSK</u> Phone: <u>(262</u>
2. <u>LAURELL Kumm</u> Print: <u>Laurell Kumm</u> Sign: <u>Laurell Kumm</u>	Street: <u>1825-29<sup>th</sup> ST</u> City: <u>KENOSHA WI</u> Zip: <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA WI</u> (Municipality Name)	<u>MA</u> <u>1/8/12</u> <u>9/8/2012</u> (Month) (Day) (Year)	Email: <u>RSK</u> Phone: <u>(262</u>
3. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/</u> / <u>20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/</u> / <u>20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/</u> / <u>20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

## Certification of Circulator

1. Michael Ryan (certify): I reside at 6922 W Becher  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

West Allis  
(Circulator Municipality)

Circulators.  
Please include you

Phone  
(  
Email

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a) Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>Sarah Salewski</u> Print: <u>Sarah Salewski</u> Sign: <u>Sarah Salewski</u>	Street: <u>440 South 70<sup>th</sup> Street</u> City: <u>Milwaukee</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email <u>sarah</u> Phone <u>(41)</u>
2. <u>Suzanne Schicantek</u> Print: <u>Suzanne Schicantek</u> Sign: <u>Suzanne Schicantek</u>	Street: <u>2822 W. Burnham</u> City: <u>Milwaukee WI</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email <u>Suzanne</u> Phone <u>(41)</u>
3. <u>Shamaine Schoenherr</u> Print: <u>Shamaine Schoenherr</u> Sign: <u>Shamaine Schoenherr</u>	Street: <u>3525 S. River Glen Ln # 2</u> City: <u>Greenfield</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email <u>icee</u> Phone <u>(41)</u>
4. <u>GREG KUMMER</u> Print: <u>GREG KUMMER</u> Sign: <u>Greg Kummer</u>	Street: <u>6556 N 91ST</u> City: <u>MILWAUKEE</u> Zip: <u>53224</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/25/2011</u> (Month) (Day) (Year)	Email <u></u> Phone <u>(4)</u>
5. <u></u> Print: <u></u> Sign: <u></u>	Street: <u></u> City: <u></u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u></u> (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email <u></u> Phone <u>(</u>

## Certification of Circulator

I, JONATHAN K SCOTT, (certify): I reside at 7727 W HUSTIS ST  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

city of Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 23 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Sharon L. Scott</u> Sign: <u>Sh L Scott</u>	Street: <u>7727 West Hustis St</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email <u>25</u> Phone <u>(41)</u>
2. Print: <u>Dennis J Araya</u> Sign: <u>Dennis Araya</u>	Street: <u>7727 West Hustis St</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email <u>25</u> Phone <u>(41)</u>
3. Print: <u>Christopher S. Schicantek</u> Sign: <u>Chris Schicantek</u>	Street: <u>2822 West Burnham Street</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email <u>SC</u> Phone <u>(41)</u>
4. Print: <u>AUER VAN DYKE</u> Sign: <u>AUER VAN DYKE</u>	Street: <u>438 S. 70TH ST.</u> City: <u>MILWAUKEE</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email <u>1/11</u> Phone <u>(41)</u>
5. Print: <u>JONATHAN SCOTT</u> Sign: <u>Jonathan K Scott</u>	Street: <u>7727 W HUSTIS ST</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email <u>Ja</u> Phone <u>(41)</u>

## Certification of Circulator

I, JONATHAN SCOTT (certify): I reside at 7727 W HUSTIS ST  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

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Return

Comm  
PO Box  
Madisc

Circulator  
Please include

Phone

(41)

Email

Jon



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Lindsay Timmerman</u> Sign: <u>Lindsay Timmerman</u>	Street: <u>3914 N. Ridgefield Cir.</u> City: <u>Shorewood</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Shorewood</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)
2. Print: <u>CARLA SEEGER</u> Sign: <u>Carla Seeger</u>	Street: <u>4874 S. 19th St</u> City: <u>Milwaukee WI</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)
3. Print: <u>JEFF SEEGER</u> Sign: <u>Jeff Seeger</u>	Street: <u>4262 N. 92nd St.</u> City: <u>MILWAUKEE</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)
4. Print: <u>C. Erik Timmerman</u> Sign: <u>CE Timmerman</u>	Street: <u>3914 Ridgefield Cir</u> City: <u>Shorewood</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Shorewood</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>  </u> / <u>  </u> / <u>20  </u> (Month) (Day) (Year)

## Certification of Circulator

I, Meredith L. Grub Polewski, (certify): I reside at 1336 N. 57th St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 / 2012  
(Month) (Day) (Year)

M. L. Grub Polewski  
(Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Wayne Vorpagel</u> Sign: <u>Wayne Vorpagel</u>	Street: <u>3041 East Circle Dr.</u> City: <u>Lake Geneva WI</u> Zip: <u>53147-3063</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lyons WI</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone (263)
2. Print: <u>ELAINE VORPAGEL</u> Sign: <u>Elaine Vorpagel</u>	Street: <u>3041 E. CIRCLE DR.</u> City: <u>LAKE GENEVA</u> Zip: <u>53147</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LYONS WI</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone (263)
3. Print: <u>Jeanne Vorpagel</u> Sign: <u>Jeanne Vorpagel</u>	Street: <u>7202 W. Kinnickinnic Rvr. Pkwy</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone (414)
4. Print: <u>Timothy Vorpagel</u> Sign: <u>Timothy Vorpagel</u>	Street: <u>7202 W. Kinnickinnic River Parkway</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone (414)
5. Print: <u>Marcia Buraczynski</u> Sign: <u>Marcia Buraczynski</u>	Street: <u>1629 S. Calhoun Rd.</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>12/09/2011</u> (Month) (Day) (Year)	Email Phone (263)

## Certification of Circulator

I, Timothy Vorpagel, (certify): I reside at 7202 W. Kinnickinnic River Parkway West Allis  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 9, 2011  
(Month) (Day) (Year)

Timothy Vorpagel  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator  
Please include

Phone  
(414)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J  
Committee  
PO Box 256  
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Nicholas B. Roedl</u> Sign: <u>Nicholas B. Roedl</u>	Street: <u>4540 S. Quimby Ave</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>nbroedl</u> Phone: <u>(608)</u>
2. Print: <u>Michelle A. Roedl</u> Sign: <u>Michelle A. Roedl</u>	Street: <u>4540 S. Quimby Ave</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email: <u>Michelle</u> Phone: <u>(414)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

## Certification of Circulator

I, Nicholas B. Roedl, (certify): I reside at 4540 S. Quimby Ave New Berlin  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

Nicholas B. Roedl  
(Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committed  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: Julie Borouchoff Sign: Julie Borouchoff	Street: 1616 N. 58th Street City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email Phone (414)
2. Print: Brianna Borouchoff Sign: Brianna Borouchoff	Street: 1616 N. 58th St. City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email Phone (414)
3. Print: Kesiiah Hepp Sign: Kesiiah Hepp	Street: 2630 E Edgerton Apt 1 City: Cudahy Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email Phone (414)
4. Print: Jeremy Borouchoff Sign: Jeremy Borouchoff	Street: 1616 N. 58th St. City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (414)
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	/ / 20 (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, Jeremy Borouchoff (certify): I reside at 1616 N. 58th St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Jeremy Borouchoff  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>SCOTT F. GONNA</u> Sign: <u>[Signature]</u>	Street: <u>N72W7405 BERRY ST.</u> City: <u>CEADARBURG</u> Zip: <u>53012</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>CEADARBURG</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email Phone (20)
2. Print: <u>CHAD SEMROW</u> Sign: <u>[Signature]</u>	Street: <u>N116th - W20160 Juniper St.</u> City: <u>Jackson</u> Zip: <u>WI 53037</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Jackson</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email Phone (24)
3. Print: <u>Robert Krauss</u> Sign: <u>[Signature]</u>	Street: <u>2122 N 116th St</u> City: <u>Hauvatosa</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Hauvatosa</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email Phone (41)
4. Print: <u>MICHAEL J. SUKEV</u> Sign: <u>[Signature]</u>	Street: <u>6141 WRIGHT RD</u> City: <u>JOHNSON CREEK</u> Zip: <u>53038</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FARMINGTON</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email Phone (92)
5. Print: <u>GREGORY JOHN GOETZ</u> Sign: <u>[Signature]</u>	Street: <u>N71 W23745 Good Hope Rd.</u> City: <u>SUSSEX</u> Zip: <u>53089</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SUSSEX</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email Phone (26)

I, David Tippe (Printed Name of Circulator) (certify): I reside at 4001 S. Johns Dr (Circulator's Residence - Street Name and Number) New Berlin (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulator  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Steven J. Tippe</u> Sign: <u>[Signature]</u>	Street: <u>14305 W. Item belt Dr.</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email: <u>SA.P</u> Phone: <u>(414)</u>
2. Print: <u>KENNETH JANIKOWSKI</u> Sign: <u>[Signature]</u>	Street: <u>1019 W EDEN PLACE</u> City: <u>MILWAUKEE</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email: <u>KENNA</u> Phone: <u>(414)</u>
3. Print: <u>MARK STAMPFL</u> Sign: <u>[Signature]</u>	Street: <u>6846 N. Green Bay Ave</u> City: <u>GLENDALE</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>GLENDALE</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>(414)</u>
4. Print: <u>Gerald Lambrecht</u> Sign: <u>[Signature]</u>	Street: <u>1111 W16302 Catekill Ln.</u> City: <u>German town</u> Zip: <u>53022</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>German town</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>(26)</u>
5. Print: <u>Randall Hammock</u> Sign: <u>[Signature]</u>	Street: <u>W01N316 Madison Ave</u> City: <u>Cedarburg</u> Zip: <u>53012</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Cedarburg</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>26</u>

## Certification of Circulator

1. David Tippe (certify): I reside at 4001 S. Johns Dr. New Berlin  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return to:**  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Ronald R. Toppel</u> Sign: <u>Ronald R. Toppel</u>	Street: <u>3630 S. Poplar Rd.</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> <small>(Municipality Name)</small>	<u>12/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
2. Print: <u>Donna S. Toppel</u> Sign: <u>Donna S. Toppel</u>	Street: <u>3630 S. Poplar Rd.</u> City: <u>NEW BERLIN</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>NEW BERLIN</u> <small>(Municipality Name)</small>	<u>12/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
3. Print: <u>Pamela C. Toppel</u> Sign: <u>Pamela C. Toppel</u>	Street: <u>14305 W. Hemlock Dr.</u> City: <u>New Berlin</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> <small>(Municipality Name)</small>	<u>12/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>( )</u>

I, David Toppel, (certify): I reside at 4001 S. Johns Dr. New Berlin  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
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[Signature]  
(Signature of Circulator)

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Please include y

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>David Toppel</u> Sign: <u>[Signature]</u>	Street: <u>4001 S. Johns Dr.</u> City: <u>New Berlin</u> Zip: <u>53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email <u>dtoppel@newberlinwi.com</u> Phone <u>(262)</u>
2. Print: <u>Samantha Toppel</u> Sign: <u>[Signature]</u>	Street: <u>4001 S. Johns Dr.</u> City: <u>New Berlin</u> Zip: <u>53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>(262)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>( )</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>( )</u>

I, David Toppel (certify): I reside at 4001 S. Johns Dr. New Berlin  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

01 13 2012 [Signature]  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
001347

**Circulators.**  
Please include your

Phone  
(262)  
Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 23  
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Valerie J. Jenkins</u> Sign: <u>Valerie J. Jenkins</u>	Street: <u>1319 South 91st Street</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>01/08/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

## Certification of Circulator

I, Meg Kruser, (certify): I reside at 1005 S. 102nd St. West Allis  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Meg Kruser  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,

Please include your

Phone

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Email

Meg Kruser

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. REYNALDO GARCIA CRUZ	<i>Reynaldo Garcia</i>	Street: 2516 W. MINERAL ST. City: MILWAUKEE Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	01/05/2012 (Month) (Day) (Year)	Email Phone (414) 6
2. MARIA CARMEN MARTINEZ DE GARCIA	<i>Maria Carmen Martinez de Garcia</i>	Street: 2516 W. MINERAL ST. City: MILWAUKEE Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	01/05/2012 (Month) (Day) (Year)	Email Phone (414) 6
3. FRANCISCO JAVIER ROQUE	<i>Francisco Javier Roque</i>	Street: 1105 S. 32nd St. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/05/2012 (Month) (Day) (Year)	Email Phone (414) 6
4. Raquel Roque	<i>Raquel Roque</i>	Street: 1105 S. 32nd St. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/05/2012 (Month) (Day) (Year)	Email Phone (414) 6
5. Napoleon Garcia	<i>Napoleon Garcia</i>	Street: 3330 W. Oklahoma Ave. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/05/2012 (Month) (Day) (Year)	Email Phone (414) 93
6. Carmen G Garcia	<i>Carmen Garcia</i>	Street: 3330 W. Oklahoma Ave. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/05/2012 (Month) (Day) (Year)	Email Phone (414) 93
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Joan H. Martinez, (certify): I reside at 5830 W. Kinnickinnic River Pkwy. West Allis 53219  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012  
(Month) (Day) (Year)

*Joan H. Martinez*  
(Signature of Circulator)

Page Not Official Use Only  
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Circulators, please  
Phone (414) 6  
Email ab

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shavetta Howard	<i>Shavetta Howard</i>	Street: 9309 W. Manor Ct. City: Milwaukee Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/22/2011 (Month) (Day) (Year)
2. James Ragland Jr	<i>James Ragland Jr</i>	Street: 1201 N. Indiana St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
3. Emma Adams	<i>Emma Adams</i>	Street: 2104 MLK Dr City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/22/2011 (Month) (Day) (Year)
4. HENRY MATHIS	<i>Henry Mathis</i>	Street: 2104 MLK Dr City: MILWAUKEE Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	11/22/2011 (Month) (Day) (Year)
5. ROBERT PATTERSON	<i>Robert Patterson</i>	Street: 439 W. RIVER AVE City: MILWAUKEE Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	11/24/2011 (Month) (Day) (Year)
6. Tiffany Boone	<i>Tiffany Boone</i>	Street: 2903 N 15th City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/24/2011 (Month) (Day) (Year)
7. JANIE L. MARSHALL	<i>Janie L. Marshall</i>	Street: 2104 MLK Drive City: MILWAUKEE Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	11/25/2011 (Month) (Day) (Year)
8. Willie Howard	<i>Willie Howard</i>	Street: 2104 N. MLK DR City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/27/2011 (Month) (Day) (Year)
9. Amanda Lamon	<i>Amanda Lamon</i>	Street: 9619 N. 74th St City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/29/2011 (Month) (Day) (Year)
10. Flora Harris	<i>Flora Harris</i>	Street: 2104 MLK Dr City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/29/2011 (Month) (Day) (Year)

## Certification of Circulator

I, John C. Woods, (certify): I reside at 2104 N. MLK DR #205  
(Name of Circulator) (Circulator's Residence - Street name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 / 2012  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. 1 of 1 (Use Only)

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Circulators, please

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